

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE: § Case No. 22-60020
§
INFOW, LLC, *et al.*, § Chapter 11 (Subchapter V)
§
Debtors¹ § Jointly Administered

EXHIBIT K-1

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions**■ Tcode 13196 Franchise****■ Taxpayer number**

3 2 0 3 4 1 5 9 7 5 9

■ Report year

2 0 2 1

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

PRISON PLANET TV, LLC

 Blacken circle if the mailing address has changed.

Mailing address

PO Box 19549

Secretary of State (SOS) file number or
Comptroller file number

City

AUSTIN

State

TX

ZIP code plus 4

78760

0800898371

 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

PO Box 19549, AUSTIN, TX, 78760

Principal place of business

PO Box 19549, AUSTIN, TX, 78760



You must report officer, director, member, general partner and manager information as of the date you complete this report.

1000000000015

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name ALEX JONES	Title MANAGER	Director <input type="radio"/> YES	Term expiration <input type="radio"/>	<i>m m d d y y</i>
Mailing address PO Box 19549	City AUSTIN	State TX	ZIP Code 78760	
Name	Title	Director <input type="radio"/> YES	Term expiration <input type="radio"/>	<i>m m d d y y</i>
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="radio"/> YES	Term expiration <input type="radio"/>	<i>m m d d y y</i>
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

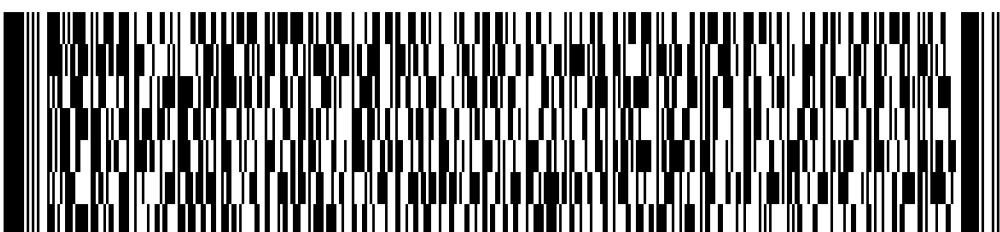
SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: Eric J. Taube Office: 100 Congress Ave 18th Flr		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
City	Austin	State	TX
ZIP Code	78701		

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Bill Love	Title MANAGER	Date 11/10/2021	Area code and phone number (512) 646 - 4408
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Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE: § Case No. 22-60020
INFOW, LLC, *et al.*, § Chapter 11 (Subchapter V)
Debtors¹ § Jointly Administered

EXHIBIT K-2

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions**■ Tcode 13196 Franchise****■ Taxpayer number**

3	2	0	3	4	1	5	9	7	5	9
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■ Report year

2	0	2	0
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You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

PRISON PLANET TV, LLC

 Blacken circle if the mailing address has changed.

Mailing address

PO Box 19549

Secretary of State (SOS) file number or
Comptroller file number

City

AUSTIN

State

TX

ZIP code plus 4

78760

0800898371

 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

PO Box 19549, AUSTIN, TX, 78760

Principal place of business

PO Box 19549, AUSTIN, TX, 78760



You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

1000000000015

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name ALEX JONES	Title MANAGER	Director <input type="radio"/> YES	Term expiration <table border="1" style="display: inline-table;"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>	m	m	d	d	y	y
m	m	d	d	y	y				
Mailing address PO Box 19549	City AUSTIN	State TX	ZIP Code 78760						
Name	Title	Director <input type="radio"/> YES	Term expiration <table border="1" style="display: inline-table;"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>	m	m	d	d	y	y
m	m	d	d	y	y				
Mailing address	City	State	ZIP Code						
Name	Title	Director <input type="radio"/> YES	Term expiration <table border="1" style="display: inline-table;"><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>	m	m	d	d	y	y
m	m	d	d	y	y				
Mailing address	City	State	ZIP Code						

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

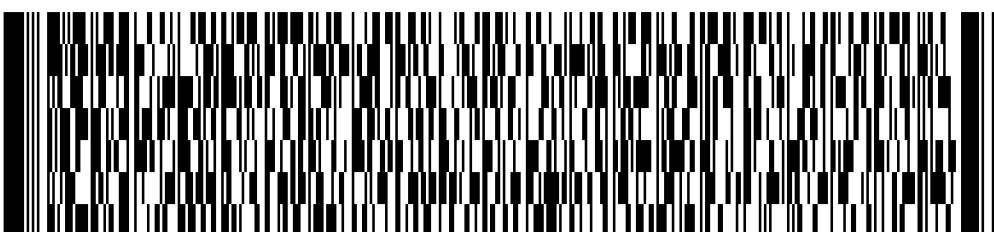
SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent: Eric J. Taube	City Austin	State TX	ZIP Code 78701

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here →	ALEX JONES	Title MANAGER	Date 11/11/2020	Area code and phone number (512) 646 - 4408
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Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE: § Case No. 22-60020
§
INFOW, LLC, *et al.*, § Chapter 11 (Subchapter V)
§
Debtors¹ § Jointly Administered

EXHIBIT K-3

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 3 4 1 5 9 7 5 9

■ Report year

2 0 1 8

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

PRISON PLANET TV, LLC



Blacken circle if the mailing address has changed.

Mailing address

3005 S LAMAR BLVD STE D109 317

Secretary of State (SOS) file number or Comptroller file number

City

AUSTIN

State

TX

ZIP code plus 4

78704

0800898371

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704

Principal place of business

3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704

You must report officer, director, member, general partner and manager information as of the date you complete this report.



Please sign below! This report must be signed to satisfy franchise tax requirements.

10000000000015

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	<input type="radio"/> YES	Term expiration	m m d d y y
ALEX JONES	MANAGER				
Mailing address	City	AUSTIN		State	ZIP Code
3005 S LAMAR BLVD STE D109 317				TX	78704
Name	Title	Director	<input type="radio"/> YES	Term expiration	m m d d y y
Mailing address	City			State	ZIP Code
Name	Title	Director	<input type="radio"/> YES	Term expiration	m m d d y y
Mailing address	City			State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

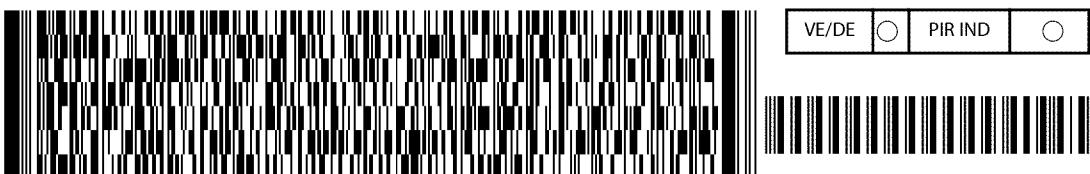
SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)	You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.		
Agent: ELIZABETH M. SCHURIG			
Office: 100 CONGRESS AVE 22ND FLOOR	City	AUSTIN	State ZIP Code TX 78701

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	ALEX JONES	Title MANAGER	Date 09/25/2018	Area code and phone number (512) 646 - 4408
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Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TRANSMITTER ID = CCHFTWSPROD

TLN = 00042714895

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE: § Case No. 22-60020
§
INFOW, LLC, *et al.*, § Chapter 11 (Subchapter V)
§
Debtors¹ § Jointly Administered

EXHIBIT K-4

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196



Taxpayer number

32034159759

Report year

2012

You have certain rights under Chapter 552 and 559, Government Code,
to review, request, and correct information we have on file about you.
Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name PRISON PLANET TV, LLC

Mailing address

P.O. BOX 19549

City AUSTIN

State TX

ZIP Code 78760 **Plus 4** 9549 **0800898371**

Secretary of State (SOS) file number or
Comptroller file number

Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 910 WEST MARY STREET, AUSTIN, TX 78704

Principal place of business 910 WEST MARY STREET, AUSTIN, TX 78704

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax



Please sign below! report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

3203415975912

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
ALEX JONES	MANAGER			
Mailing address	City		State	ZIP Code
P.O. BOX 19549	AUSTIN		TX	78760
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City		State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City		State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: ELIZABETH M. SCHURIG

Office: 100 CONGRESS AVE., 22ND FLOOR

City AUSTIN

State TX ZIP Code 78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

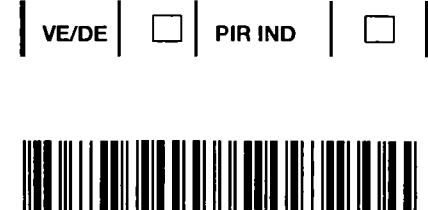
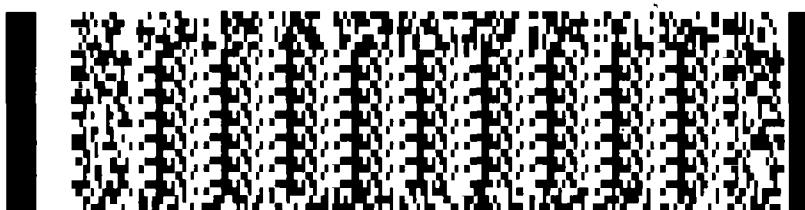
Title Member

Date

11/13/2012

Area code and phone number
512 646 4408

Texas Comptroller Official Use Only



VE/DE PIR IND

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE: § Case No. 22-60020
INFOW, LLC, *et al.*, § Chapter 11 (Subchapter V)
Debtors¹ § Jointly Administered

EXHIBIT K-5

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

980701 12-02-09

TX2010

Ver. 1.0

05-102

(9-09/20)

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT
To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

■ Taxpayer number

32034159759

■ Report year

2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name

PRISON PLANET TV, LLC

Mailing address

P.O. BOX 19549

City

AUSTIN

State
TXZIP Code
78760Plus 4
9549Secretary of State file number or
Comptroller file number

0800898371



Check box if there are currently no changes from previous year; If no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

910 WEST MARY STREET, AUSTIN, TX 78704

Principal place of business

910 WEST MARY STREET, AUSTIN, TX 78704

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203415975910

SECTION A Name, title and mailing address of each officer, director or member.

Name

ALEX JONES

Title

MANAGER

Director

 YES

Term expiration

m m d d y y

State

TX

ZIP Code

78760

Mailing address

P.O. BOX 19549

City

AUSTIN

Title

Director

 YES

Term expiration

m m d d y y

State

ZIP Code

Name

Title

Director

 YES

Term expiration

m m d d y y

Mailing address

City

State

ZIP Code

Name

Title

Director

 YES

Term expiration

m m d d y y

Mailing address

City

State

ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ELIZABETH M. SCHURIG



Check box if you need forms to change the registered agent or registered office information.

Office: 100 CONGRESS AVE., 22ND FLOOR

City
AUSTINState
TXZIP Code
78701

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here ►

Title
MemberDate
11/24/2010Area code and phone number
512 646 4408

Texas Comptroller Official Use Only

VE/DE PIR IND 

103373101607

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, <i>et al.</i> ,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

EXHIBIT K-6

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

Comptroller
of Public
Accounts
FORM05-102
(Rev. 1-08/28)
Tcode 13196**TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**(To be filed by Corporations and Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirements**■ Taxpayer number**

3 | 2 | 0 | 3 | 4 | 1 | 5 | 9 | 7 | 5 | 9 | 2 | 0 | 0 | 9 |

■ Report year**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.**Taxpayer name
PRISON PLANET TV, LLCMailing address
PO BOX 19549City
AUSTINState
TXZIP Code
78760

Plus 4

Secretary of State file number or
Comptroller file number
0800898371 Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.Entity's principal office
PO BOX 19549; AUSTIN, TX 78760Principal place of business
3019 ALVIN DEVANE BLVD, STE 350; AUSTIN, TX 78741**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

3203415975909

**SECTION A Name, title and mailing address of each officer, director or member.**

Name	Title	Director	<input type="radio"/> YES	Term expiration	m	m	d	d	y	y
ALEX JONES	MANAGER			State	TX	ZIP code	78760			
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
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PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
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PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
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PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
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PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
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PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
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PO BOX 19549	AUSTIN			Director	<input type="radio"/> YES	Term expiration	m	m	d	d
Name	Title			State		ZIP code				
Mailing address	City									
PO BOX 19549	AUSTIN									